

MARS
5/03

MAIL REPORTS TO:
Iowa Department of Transportation
Office of Driver Services
P.O. Box 9204
Des Moines, Iowa 50306-9204



Iowa Department of Transportation INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:
20120011437

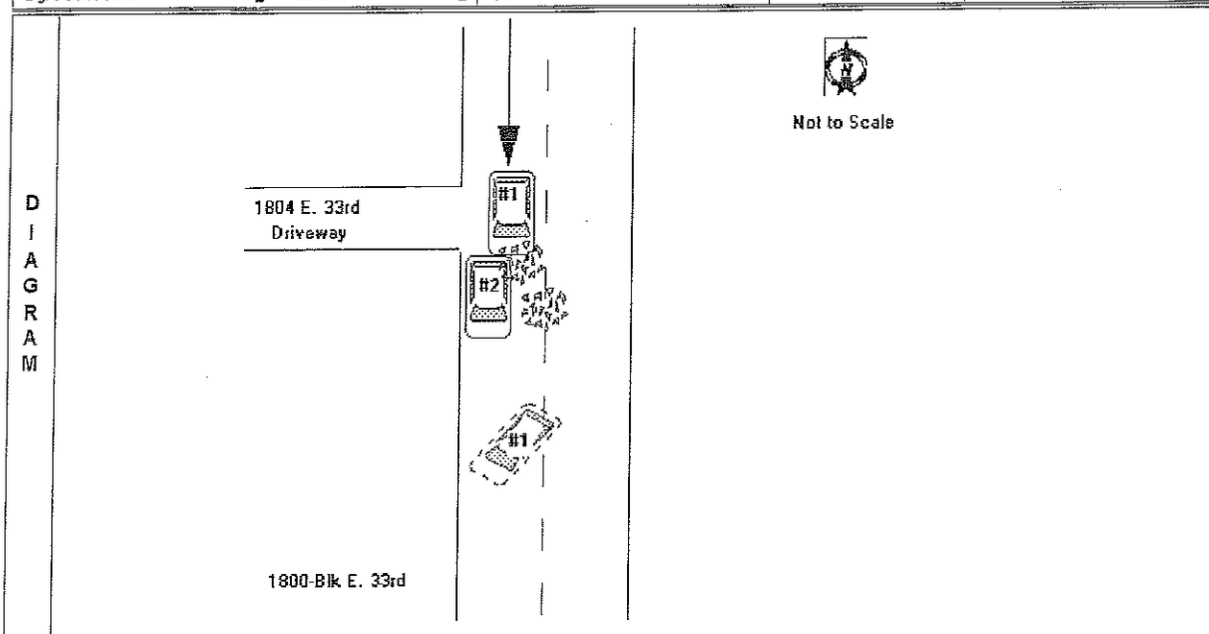
Legal Intervention? ☐ Private Property? ☐

L O C A T I O N	Date of Accident	Time of Accident	County	Accident occurred within corporate limits of (city)	Location Literal Description E 33RD ST MEASURING 239 FEET SOUTH FROM E 33RD ST
	04/18/2012	06:07 Hrs.	Polk - 77	Des Moines - 1945	
	If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A"				
	On Road, Street, or Highway: "N/A"		At Intersection with: "N/A"		
	Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary.				
	Distance	Direction	Distance	Direction	
	"N/A"	"N/A"	"N/A"	"N/A"	
	Milepost Number "N/A" Or Definable intersection, bridge, or railroad crossing "N/A"				X-Coordinate: 00454049
					Y-Coordinate: 04606558
					If Divided Highway, Provide Route (Cardinal) Travel Direction "N/A"

U N I T 001	Driver's Name - Last		First		Middle		Suffix	Home/Cell Phone	
	SINGLETON		BRANDON		LEE				
	Address		City		State		Zip		
	25 E. 1ST ST		DES MOINES		IA		50309		
	Date of Birth	Driver's License Number		Citation Charge Code 1	Citation Charge 1				
	11/13/1983								
	Gender	State	Class	Endorsements	Restrictions	Citation Charge Code 2	Citation Charge 2		
	Male	IA	C	NONE	NONE				
	Alcohol Test Given?	Test Results:	Drug Test Given?	Test Results:	Citation Charge Code 3	Citation Charge 3			
	1 - None		1 - None						
	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	01	4	2	1	3	1	1	1	
	Transported to:				Transported by: SGT. WELLMAN - DMPD				
	Owner's Name - Last		First		Middle		Suffix	Owner Company Name	
	CITY OF DES MOINES		CITY		D				
Address		City		State		Zip			
400 ROBERT D RAY DR		DES MOINES		IA		50309			
Insurance Co. Name		Insurance Policy #		License Plate #		State	Year		
SELF INSURED				113780		IA	1999		
VIN No.	Year	Make	Model	Style	Tow #	Approximate Cost to Repair or Replace			
2FAHP71V79X140147	2009	Ford - FORD	CROWN VIC POLI	4D	YES				
Initial Travel Direction	Vehicle Action	Speed Limit	Point of Initial Impact	Most Damaged Area	Extent of Damage	Underride/Override	Private?		
3	01	30	01	01	4	1	<input checked="" type="checkbox"/>		
Total Occupants	Traffic Controls	Vehicle Config.	Cargo Body Type	Vehicle Defect	Driver Condition	Vision Obscured	Contributing Circumstances, Driver (up to two)		
1	01	01	01	01	1	01	08		
SEQUENCE OF EVENTS		First Event	Second Event	Third Event	Fourth Event	Most Harmful Event (by vehicle)			
		21				21			
Commercial Trailer License Plate #	Attached to Power Unit:	State	Year	Attached to Trailer Unit:	State	Year	Emergency Vehicle Type		
							2		
Carrier Name		Address		City		State Zip			
US DOT #	or MC #	Number of Axles	Gross Vehicle Weight Rating	Placard #	Hazardous Materials Released?				

U N I T 002	Driver's Name - Last		First		Middle		Suffix	Home/Cell Phone	
	BRACKEN		KATRINA		A				
	Address		City		State		Zip		
	1804 E 33RD ST		DES MOINES		IA		50317		
	Date of Birth	Driver's License Number		Citation Charge Code 1	Citation Charge 1				
	Gender	State	Class	Endorsements	Restrictions	Citation Charge Code 2	Citation Charge 2		
				NONE	NONE				
	Alcohol Test Given?	Test Results:	Drug Test Given?	Test Results:	Citation Charge Code 3	Citation Charge 3			
	Seating Position	Injury Status	Occupant Protection	Airbag Deployment	Airbag Switch Status	Ejection	Ejection Path	Trapped	
	Transported to:				Transported by:				
	Owner's Name - Last		First		Middle		Suffix	Owner Company Name	
	BRACKEN		KATRINA		A				
Address		City		State		Zip			
1804 E 33RD ST		DES MOINES		IA		50317			
Insurance Co. Name		Insurance Policy #		License Plate #		State	Year		
				226XAF		IA	2013		
VIN No.	Year	Make	Model	Style	Tow #	Approximate Cost to Repair or Replace			
	2010	Subaru - SUBA	LEGACY 2.5I LT	4D	YES				
Initial Travel Direction	Vehicle Action	Speed Limit	Point of Initial Impact	Most Damaged Area	Extent of Damage	Underride/Override	Private?		
3	12	30	05	05	4	1	<input type="checkbox"/>		
Total Occupants	Traffic Controls	Vehicle Config.	Cargo Body Type	Vehicle Defect	Driver Condition	Vision Obscured	Contributing Circumstances, Driver (up to two)		
0	01	01	01	01	8		28		
SEQUENCE OF EVENTS		First Event	Second Event	Third Event	Fourth Event	Most Harmful Event (by vehicle)			
		23				23			
Commercial Trailer License Plate #	Attached to Power Unit:	State	Year	Attached to Trailer Unit:	State	Year	Emergency Vehicle Type		
							1		
Carrier Name		Address		City		State Zip			
US DOT #	or MC #	Number of Axles	Gross Vehicle Weight Rating	Placard #	Hazardous Materials Released?				

ACCIDENT ENVIRONMENT			ROADWAY CHARACTERISTICS Major Contributing Circumstances:		WORKZONE RELATED?	SEQUENCE OF EVENTS
Location of First Harmful Event	1	Weather Conditions	Environment	1	No	First Harmful Event of Crash
Manner of Crash/Collision	3	(up to two) 06	Roadway	01	Location	(use codes 11-42 only) 21
Light Conditions	2	Surface Conditions 2	Type of Roadway Junction/Feature	01	Type	
					Workers Present?	



NARRATIVE	
Describe what happened (refer to vehicles by number)	
UNIT #1 WAS RESPONDING TO A CALL FOR SERVICE SOUTHBOUND WHEN IT REARENDED UNIT #2 WHICH WAS LEGALLY PARKED. THE DRIVER OF UNIT #1 INDICATED IT HAD JUST BEGUN RAINING AND HE HAD NOT YET TURNED ON HIS WIPERS.	

W I T N E S S	Witness Name - Last	First	Middle	Suffix
	BEERY	JASON	PAUL	
	Address	City	State	Zip Code
	1804 E. 33RD	DES MOINES	IA	50317
	Home/Cell Phone #	Work Phone #		

Officer	Badge No.	Time Officer Notified of Accident	Time Officer Arrived At Scene
BEMINIO, ANTHONY	5030	06:16 Hrs.	06:32 Hrs.
Name of Agency	Date of Report	Investigation made at scene?	T.I. #
Des Moines Police Department	04/18/2012	Yes	
Report Reviewed By:	Date Reviewed	Agency Specific	Other Technical Investigation Agency

INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Case Number:	20120011437	Legal Intervention:	NO	At Intersection with:	"N/A"
Date of Acc:	04/18/12	Private Property:	NO	Div HWay Trvl Dir:	"N/A"
Time of Acc:	06:07 Hrs.	County:	POLK - 77	Distance 1:	"N/A"
Name of Agency:	DES MOINES POLICE DEPARTMENT	Acc Loc City:	DES MOINES - 1945	Direction 1:	"N/A"
Officer:	BEMINIO, ANTHONY	Acc Dir From City:	"N/A"	Distance 2:	"N/A"
Badge #:	5030	Closest City:	"N/A"	Direction 2:	"N/A"
Report Date:	04/18/2012	Miles From City:	"N/A"	X-Coordinate:	00454049
Officer Notified:	06:16 Hrs.	Road, Street, HWay:	"N/A"	Y-Coordinate:	04606558
Officer Arrived:	06:32 Hrs.	Definable Location:	"N/A"	Location Literal:	E 33RD ST MEASURING 239
Scene Investigated:	YES	Milepost Number:	"N/A"	Description:	FEET SOUTH FROM E 33RD ST

Unit 001

Driver Name - Last:	SINGLETON	Towing:	YES	Injury Status:	4 - POSSIBLE
First:	BRANDON	Initial Trvl Dir:	3 - SOUTH	Transported to:	
Middle:	LEE	Vision Obscured:	01 - NOT OBSCURED	Transported by:	SGT. WELLMAN - DMPD
Address:	25 E. 1ST ST	Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	2 - POLICE
City:	DES MOINES	Point of Init Impact:	01 - FRONT	Emergency Status:	2 - NO, NOT IN EMERGENCY
State:	IA	Most Damaged Area:	01 - FRONT	Cont. Circum., Drvr:	08 - LOST CONTROL
Zip:	50309	Undrrid/Ovrid:	1 - NONE	Carrier Name:	
Suffix:		Rpr/Rpic Cost:	\$3,500.00	Carrier Address:	
Gender:	MALE	Ext of Damage:	4 - DISABLING DAMAGE	Carrier City:	
Age:	28	First Event:	21 - VEHICLE IN TRAFFIC	Carrier State:	
License State:	IA	Second Event:		Carrier Zip:	
License Class:	C	Third Event:		Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Fourth Event:		Number of Axles:	
License Restrictions:	NONE	Most Harmful Event:	21 - VEHICLE IN TRAFFIC	HazMat Released?:	
Speed Limit:	30	Abg Switch Stat:	3 - NO ON/OFF SWITCH PRESENT	GVWR:	
Seating Position:	01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER	Abg Deploy:	1 - DEPLOYED FRONT OF PERSON	Placard #:	
Driver Condition:	1 - APPARENTLY NORMAL	Trapped:	1 - NOT TRAPPED	Cit Chrg Code 1:	
Alcohol Test Given:	NO	Ejection:	1 - NOT EJECTED	Citation Charge 1:	
Drug Test Given:	NO	Ejection Path:	1 - NOT EJECTED/NOT APPLICABLE	Cit Chrg Code 2:	
Total Occupants:	1	Occpnt Protect:	2 - SHOULDER AND LAP BELT USED	Citation Charge 2:	
Vehicle Year:	2009			Cit Chrg Code 3:	
Vehicle Make:	FORD - FORD			Citation Charge 3:	
Vehicle Model:	CROWN VIC POLI			Cit Chrg Code 4:	
Vehicle Style:	4D			Citation Charge 4:	
Vehicle Config:	01 - PASSENGER CAR				
Vehicle Defect:	01 - NONE				
Vehicle Action:	01 - MOVEMENT ESSENTIALLY STRAIGHT				

Unit 002

Driver Name - Last:		Towing:	YES	Injury Status:	
First:		Initial Trvl Dir:	3 - SOUTH	Transported to:	
Middle:		Vision Obscured:		Transported by:	
Address:		Traffic Controls:	01 - NO CONTROLS PRESENT	Emergency Veh:	1 - NOT APPLICABLE
City:		Point of Init Impact:	05 - REAR	Emergency Status:	3 - NOT APPLICABLE
State:		Most Damaged Area:	05 - REAR	Cont. Circum., Drvr:	28 - NO IMPROPER ACTION
Zip:		Undrrid/Ovrid:	1 - NONE	Carrier Name:	
Suffix:		Rpr/Rpic Cost:	\$3,000.00	Carrier Address:	
Gender:		Ext of Damage:	4 - DISABLING DAMAGE	Carrier City:	
Age:		First Event:	23 - PARKED MOTOR VEHICLE	Carrier State:	
License State:		Second Event:		Carrier Zip:	
License Class:		Third Event:		Cargo Body Type:	01 - NOT APPLICABLE
License Endorsmnt:	NONE	Fourth Event:		Number of Axles:	
License Restrictions:	NONE	Most Harmful Event:	23 - PARKED MOTOR VEHICLE	HazMat Released?:	
Speed Limit:	30	Abg Switch Stat:		GVWR:	
Seating Position:		Abg Deploy:		Placard #:	
Driver Condition:	8 - OTHER (EXPLAIN IN NARRA	Trapped:		Cit Chrg Code 1:	
Alcohol Test Given:		Ejection:		Citation Charge 1:	
Drug Test Given:		Ejection Path:		Cit Chrg Code 2:	
Total Occupants:	0	Occpnt Protect:		Citation Charge 2:	
Vehicle Year:	2010			Cit Chrg Code 3:	
Vehicle Make:	SUBARU - SUBA			Citation Charge 3:	
Vehicle Model:	LEGACY 2.5I LT			Cit Chrg Code 4:	
Vehicle Style:	4D			Citation Charge 4:	
Vehicle Config:	01 - PASSENGER CAR				
Vehicle Defect:	01 - NONE				
Vehicle Action:	12 - LEGALLY PARKED				

Accident Environment

First Harmful Event Loc: 1 - ON ROADWAY
Manner of Crash/Collision: 3 - REAR-END
Light Conditions: 2 - DUSK
Weather Conditions: 06 - RAIN

Surface Conditions: 2 - WET

First Harmful Evt of Crash: 21 - VEHICLE IN TRAFFIC

Roadway Characteristics

Environment: 1 - NONE APPARENT
Roadway: 01 - NONE APPARENT
Type of Road Junc/Feat: 01 - NO SPECIAL FEATURE

Workzone Related: NO

Location:

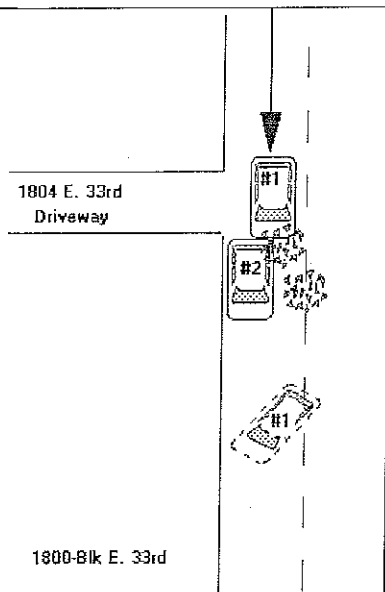
Type:

Workers Present:

Narrative

UNIT #1 WAS RESPONDING TO A CALL FOR SERVICE SOUTHBOUND WHEN IT REARENDED UNIT #2 WHICH WAS LEGALLY PARKED. THE DRIVER OF UNIT #1 INDICATED IT HAD JUST BEGUN RAINING AND HE HAD NOT YET TURNED ON HIS WIPERS.

Diagram



Not to Scale